

# Play your part!!

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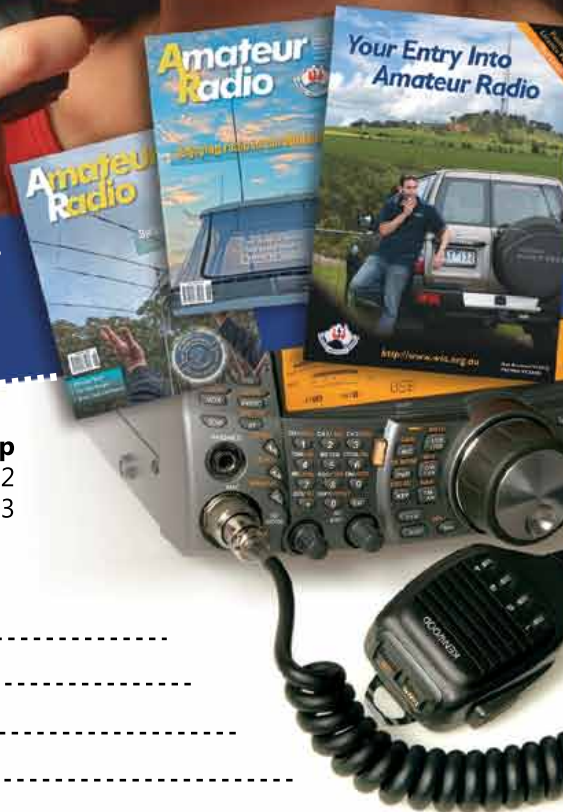
Technical Services



**WIRELESS INSTITUTE OF AUSTRALIA** ABN 56 004 920 745  
 Phone (03) 9729 0400  
 Email [nationaloffice@wia.org.au](mailto:nationaloffice@wia.org.au)

## MEMBERSHIP APPLICATION

Send to **WIA Membership**  
 PO Box 2042  
 Bayswater VIC 3153



Mr/Mrs/Ms .....

Given Names .....

Family Name .....

Preferred Name .....

Street Address .....

City/Town ..... State ..... Postcode ..... Country .....

Callsign ..... Date of Birth dd/mm/yyyy .....

Occupation .....

Tick which period and fee.

Membership	<input type="checkbox"/> 1 year	<input type="checkbox"/> 5 year
Member	<input type="checkbox"/> \$95	<input type="checkbox"/> \$451
Overseas Member	<input type="checkbox"/> \$105	<input type="checkbox"/> \$500
Concession Member*	<input type="checkbox"/> \$80	<input type="checkbox"/> \$380
Student**	<input type="checkbox"/> \$35	
Additional Family Member***	<input type="checkbox"/> \$36	

\* Please provide pension health benefits card number.  
 \*\* Please provide evidence below of being a full-time student.  
 \*\*\* Please provide name and callsign of primary family member residing at the same address.

Provide concession details

.....  
 .....

Home Telephone .....

Work Telephone (optional) .....

Mobile Telephone (optional) .....

Email Address .....

**I apply for membership of the Wireless Institute of Australia and agree to be bound by its constitution** (available on the WIA Website).

I enclose  Cash  Cheque or  Money Order for \$ \_\_\_\_\_

or authorise payment of \$ \_\_\_\_\_ by way of debit

to my  MasterCard  Visa Credit Card CVC

Card No.

Expiry Date \_\_\_\_/\_\_\_\_ Name on Card .....

Signature of Applicant ..... Date \_\_\_\_/\_\_\_\_